

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/572392

FILING DA

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	/		/				
2	/		/				
3	/		/				
4	/		/				
5	/		/				
6	2		/				
7	0		/				
8	0		/				
9	0		/				
10	0		/				
11	0		/				
12	0		/				
13	1		/				
14	1		/				
15	1		/				
16	1		/				
17	4		/				
18	4		/				
19	4		/				
20	1		/				
21	1		/				
22	1		/				
23	2		/				
24	0		/				
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49							
50							
TOTAL IND.			3				
TOTAL DEP.			23				
TOTAL CLAIMS			26				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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99							
100							
TOTAL IND.							
TOTAL DEP.							
TOTAL CLAIMS							